04 01:29p FEB 0 9 2004

PART B - FEE(S) TRANSMITTAL

Complete age send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up, with any contentions or use Block I)

7590

11/10/2003

Vem Norviel Perlegen Sciences, Inc. 2021 Stierlin Court Mountain View, CA 94043 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmitted is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being fausimile transmitted to the USPTO, on the date indicated below.

Paulette D. Isler (Demoisor's name JULUE, 19

FIRST NAMED INVENTOR APPLICATION NO. FILING DATE ATTORNEY DOCKET NO. CONFIRMATION NO. 01/07/2002 David R. Cox 10/042.819 1016 7783

TITLE OF INVENTION: GENETIC ANALYSIS SYSTEMS AND METHODS

APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATÉ DUE	
nonprovisional	700	\$1330		\$300	\$1630	02/10/2004	
EXAM	IONER	ART UN	п	CLASS-SUBCLASS			
WHISENANT, ETHAN C		1634		435-006000	_		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			A. Arnold, Ph.D	
U Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.					lattorney or 2 Guisna	Gulshan Shaver	
U "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.							

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Perlegen Sciences, Inc.

Mountain View, California

Please check the appropriate assignee category or categor	ries (will not be printed on the patent);	∪ individual	25 corporation or other private group entity	∪ government		
4n. The following fee(s) are enclosed:	4b. Payment of Fee(s):					
₩Issue Fee	· U A check in the amor	unt of the fee(s)	is enclosed.	•		
□ Publication Fee		ard. Form PTO-	2038 is attached.			
☐ Advince Order - # of Copies	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2043 (enclose an extra copy of this form).					
Director for Patents is requested to apply the Issue Fee an	d Publication Fee (if any) or to re-apply	any proviously p	onid issue fee to the application identified abo	vc.		
Deana A. Arnold, Ph.D. (I	(Date) Feb. 9, 2004					
Deana A. Arnold, Ph.D. (I	Reg. No. 52,56/)		4 AUGUNACO AAAAAAA 502043 10	PIRCAN		

other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Interest as shown by the records of the United States Fatern and Franchian Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.

SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

1330.00 DA 01 FC:1501 02 FC:1504 300.00 DA

TRANSMIT THIS FORM WITH FEE(S)

PTOL-85 (Rev. 10/03) Approved for use through 04/30/2004.

OMB 0651-0033 U.S. Pateni and Trademark Office; U.S. DEPARTMENT OF COMMERCE



Perlegen Sciences, Inc. 2021 Stierlin Court Mountain View, CA 94043 650.625.4562

Date:

February 9, 2004

To:

Mail Stop ISSUE FEE

From: Paulette D. Isler

USPTO

Fax:

703.746.4000

NUMBER OF PAGES INCLUDING THIS COVER:

2

Certification of Facsimile Transmission

Application Serial No. 10/042,819 Filing Date: January 7, 2002 Attorney Docket No. 100/1016-10

Attached, please find Part B – Fee(s) Transmittal for the payment of Issue Fees for the above-mentioned patent application.

Please feel free to reach me at 650.625.4562. Additionally, my fax number is 650.625.4574.

Thanks!

Dated: 249/04

PLEASE CONFIRM RECEIPT OF THIS PAPER BY RETURN FACSIMILE AT (650) 625-4574

This information may be confidential/proprietary. If you are not the intended receiver of this document, distribution or use of this communication is prohibited. If you have received this communication in error, please immediately notify us by telephone, and return to the above address via the postal service. We will return the postage fees.